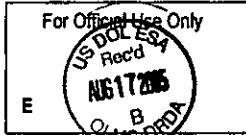


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



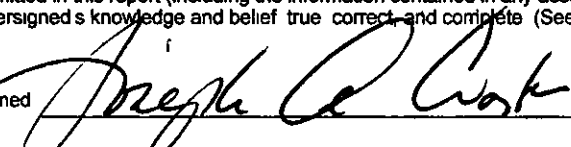
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8747	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Joseph A Dart P O Box Bldg Room No if any Street 156 County RD City Huntington State Massachusetts ZIP Code + 4 01050	4 Name file number and address of labor organization Name Massachusetts Building Trades Ccl Labor Organization File Number 542 755 P O Box Building and Room Number if any Street 256 Freeport St City Boston State Massachusetts ZIP Code + 4 02122
5 Position in labor organization President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed 	On 8/12/2004 Date	617-436-3551 Telephone Number

Name of Person Filing Joseph Dart	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Blue Cross Blue Shield of Mass Trade Name if any P O Box Bldg Room No if any Street Landmark Center 401 Park Drive City Boston State Massachusetts ZIP Code + 4 02215	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing Provides Health Insurance for staff of Building Trades Ccl 04 Premium was 11 b Approximate dollar value of such dealing \$42 235 12 a Nature of interest held or income received Blue Cross held golf tournament for it s clients 12 b Amount \$350

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Associated General Contractors Trade Name if any P O Box Bldg Room No if any Street 888 Worcester St City Wellesley State Massachusetts ZIP Code + 4 02181	14 a Nature of payment Industry Golf Tournament 14 b Amount of payment \$115
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input checked="" type="checkbox"/> ?	